

N.J. Legislative Bills A-4799 & S-3315

New Jersey State School Nurses Statement

Administration of Hydrocortisone Sodium Succinate in Public Schools for a student with Adrenal Insufficiency

SYNOPSIS

Bills A-4799 and S-3315 permits self-administration of hydrocortisone sodium succinate by students for adrenal insufficiency and requires that school districts and nonpublic schools to establish policies for emergency administration of medication.

The New Jersey State School Nurses Association advocates for the welfare of all the state's students. The state's certified school nurses currently abide by the legislation regulating the administration of emergency medications for students who experience life threatening events. [This includes training of volunteer district employees as "designees", equipping school facilities with necessary equipment and medications, creating Individual Health Plans, Individual Emergency Health Plans and 504 Accommodation Plans educating staff, communicating with the student and his/her parent, etc.]

Adrenal insufficiency is an endocrine or hormonal disorder that occurs when the body is unable to produce enough adrenal hormones. These hormones are needed to help a body respond to severe stressors, such as illness and injury. Adrenal crisis is a sudden, severe worsening of symptoms associated with adrenal insufficiency including, but not limited to, severe pain in lower back, abdomen or legs; vomiting; diarrhea; dizziness; changes in emotional behavior; and loss of consciousness. Depending on the severity of a crisis an oral medication or an injection may be necessary.²

NJSSNA does not specifically support the self-administration of this medication due to the complexity of the management of the adrenal crisis and the administration process while a student is experiencing an adrenal crisis.

1. An adrenal crisis can put a student at elevated risk for a life threatening event when he/she are experiencing the adverse physical (dexterity), emotional, behavioral signs and symptoms, such as decreased cognitive awareness and the ability to recognize the advancing signs and symptoms of an adrenal insufficiency crisis. Self-administration of this particular corticosteroid medication, hydrocortisone sodium succinate, prior to and during an adrenal insufficiency crisis can be extremely challenging for the student to self-administer due to the effects of the following crisis signs and symptoms:
 - a. Decreased ability to respond to emotional, behavioral or physical stress
 - b. Low blood pressure (hypotension), which may cause lightheadedness, dizziness, or fainting when you stand after sitting or lying down

- c. Long lasting and acute fatigue
 - d. Muscle weakness
 - e. Joint and muscle pains (arthralgias, myalgias)
 - f. Loss of appetite
 - g. Abdominal pain
 - h. Shock.⁴
2. New Jersey statutes allows for the administration by district “designated volunteer employee” (delegates) or emergency self-administered by a student for life-threatening crisis. The emergency treatment medications are only the following:
- a. Self-administration of asthma “rescue” inhaler (not any daily or maintenance inhaler, pills, etc),
 - b. Self and delegate administration of anaphylaxis epinephrine via auto-injector (not any oral anti-inflammatory or antihistamine: prednisone, benadryl, etc.),
 - c. Trained personal volunteer for narkan inhalation to reverse opioid overdose,
 - d. Delegate emergency injection of glucagon for a diabetic hypoglycemic crisis.¹
3. The intricacies involved in the preparation of the medication, which is not contained in an auto-injector mechanism, can be be challenging to a student undergoing symptoms of an adrenal crisis. Hydrocortisone sodium succinate requires a multi-step preparation, it is not a pre-prepared nor auto-injector type of kit, unlike other self-medication. The preparation and reconstitution of Hydrocortisone Sodium Succinate involves:
- a. Gather the medication vial, injection supplies and syringe.
 - b. Reconstitute the medication powder by pressing down on plastic activator to force diluent into the lower vial compartment.
 - c. Agitate (gently) to dissolve the medication in the solution, removing plastic tab covering center of stopper and sterilizing top of stopper with a suitable germicide.
 - d. Inserting the syringe needle squarely through center of stopper until tip is just visible, invert vial and withdraw full diluted solution dose.
 - e. Inject the dose into the thigh or buttocks muscle.³

Again, there is no self-administration or inclusive drug administration kit available on the pharmaceutical market for the injection of Hydrocortisone Sodium Succinate. Several products are on the market for asthma rescue inhalers, narkan injection inhalants, epinephrine auto injectors and glucagon for emergency administration, however not this is not the case for Hydrocortisone Sodium Succinate.

4. A research review has not demonstrated any current U.S. state with a statute for a student's self-administration of Hydrocortisone Sodium Succinate in any form, injection or oral. There are several states with statutes/legislation and/or pending bills allowing for a school nurse or trained volunteer delegate to administer a dose of emergency Hydrocortisone Sodium Succinate only via injection.

5. A certified school nurse (CSN), RN or trained volunteer delegate may not be present at the time of an adrenal crisis and/or the self-administration injection of emergency medication by the student. A safety concern arise when there is not a nurse or trained delegate present during this life-threatening event who understands the sequela of adrenal insufficiency crisis. The knowledge base needs to understanding of the individual student's health care needs, efficaciously administering an emergency medication injection, continuous assessment for worsening of symptoms and ensuring the safe transportation of the student by ambulance to an emergency facility for follow-up medical care.
6. An existing New Jersey statute addresses the self-administration of medications for life threatening illnesses. "A board of education or the governing board or chief school administrator of a nonpublic school shall permit the self-administration of medication by a pupil for asthma or other potentially life-threatening illnesses or a life-threatening allergic reaction provided that:..."⁶
7. This legislation does not align with the NJBON N.J.A.C. 13:37-6.2 Delegations of Selected Nursing Tasks Model's algorithm.⁵
8. An existing NJDOE ruling already addressees students with a life-threatening illness who are considered "medically fragile" and need an IHP, IEHP and a 504 plan addressing the student's life threatening healthcare care needs.^{7,8}

References

1. New Jersey General and Permanent Statutes (Updated through P.L. 2018, ch. 169 and JR 14 of 2018). Retrieved from:
<https://lis.njleg.state.nj.us/nxt/gateway.dll?f=templates&fn=default.htm&vid=Publish:10.1048/Enu>.
 Multiple sections cited:
 - a. 8A:40-12.6 Policy for administration of epinephrine to pupil.
 - b. 18A:40-12.5 Development of policy for emergency administration of epinephrine to students.
 - c. 18A:61D-14 Development of policy.
 - d. 24:6L-4 Authorization to administer.
 - e. 24:6L-5 Written standards, application procedures.
 - f. 26:12-22 Construction of act.
 - g. 18A:40-12.6a Guidelines for schools for management of food allergies, administration of epinephrine.
 - h. 18A:40-12.14 Authorized employees for administration of glucagon.
 - i. 18A:40-12.13 Development of health care plans for students with diabetes.

- j. 18A:40-12.23 Definitions relative to the emergency administration of opioid antidotes in schools.
2. Oregon Health Authority Treatment of Students with Adrenal Crisis Training Protocol (April, 2016) Retrieved from <https://www.oregon.gov/oha/ph/ProviderPartnerResources/EMSTraumaSystems/Documents/Training%20Material/Adrenal%20Crisis%20Training%20Protocol.pdf>.
3. SOLU-CORTEF® (hydrocortisone sodium succinate). Pfizer Pharmacia, NY,NY (October 2016). https://www.pfizer.com/products/product-detail/solu_cortef.
4. The National Institute of Diabetes and Digestive and Kidney Diseases Health Information Center (September 2018). Retrieved from: <https://www.niddk.nih.gov/health-information/endocrine-diseases/adrenal-insufficiency-addisons-disease/treatment>.
5. New Jersey Board of Nursing (2015) N.J.A.C. 13:37-6.2 Delegations of Selected Nursing Tasks Model <https://www.njconsumeraffairs.gov/nur/Pages/delegationoftasks.aspx>
6. New Jersey Department of Education (2017), Revised Statutes Title 18A - EDUCATION Section 18A:40-12.3 - Self-administration of medication by pupil. <https://law.justia.com/codes/new-jersey/2017/title-18a/section-18a-40-12.3/>
7. New Jersey Department of Education, Legal Protections and Responsibilities, Section 504 and the Education of Children with Disabilities. Retrieved from: <http://www.ed.gov/about/offices/list/ocr/504faq.html>
8. New Jersey Statutes: Medically Fragile Student Requiring Specialized Care. Retrieved from: https://www.njleg.state.nj.us/2012/Bills/PL12/5_.HTM.